DOCUMENT RESUME

ED 065 305 SE 014 222

TITLE Family Planning Evaluation. Abortion Surveillance Report--Legal Abortions, United States, April-June 1971.

INSTITUTION Public Health Service (DHEW), Atlanta, Ga. Center for Disease Control.

PUB DATE Jun 71

NOTE 20p.

EDRS PRICE MF-$0.65 HC-$3.29

DESCRIPTORS *Abortions; Evaluation; Family Planning; Pregnancy; Reference Materials; *State Surveys; *Statistical Data

ABSTRACT

This report summarizes information received from collaborators in state health departments, hospitals, and other pertinent sources regarding abortions reported to the Center for Disease Control for the April-June quarter of 1971. Data in tabular and narrative form are given for abortion ratios by state, reported abortions by menstrual weeks of gestation, cumulative percent distribution of abortions by gestation period, procedures used to perform abortions, and distribution of legal abortions by age. The status of abortion laws in 50 states and the District of Columbia as of July 1, 1971 is compiled by categories accompanied by specific notes for changes occurring in the laws of two jurisdictions, the District of Columbia and Wisconsin. (BL)

ED 065305

JULY 1972

ABORTION SURVEILLANCE REPORT – LEGAL ABORTIONS, UNITED STATES
APRIL–JUNE 1971

center for disease control

FAMILY PLANNING EVALUATION

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEH REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

TABLE OF CONTENTS

I. SUMMARY
II. REPORTS FROM STATES
III. LEGAL NOTES

SE 014 222

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

PREFACE

This report summarizes information received from collaborators in state health departments, hospitals, and other pertinent sources. It is intended primarily for their use, but may be of interest to others with responsibility for family planning evaluation and hospital abortion planning.

Contributions to this report are most welcome. Please Address:

Center for Disease Control
Attn: Chief, Family Planning Evaluation Branch
Epidemiology Program
Atlanta, Georgia 30333

Center for Disease Control . . . . . David J. Sencer, M.D., Director
Epidemiology Program . . . . . Philip S. Brachman, M.D., Director
Family Planning Evaluation Branch . . . . Carl W. Tyler, Jr., M.D., Chief
Judith P. Bourne, R.N., M.S.
Lawrence D. Baker, M.D.
Gary S. Berger, M.D.
Jack C. Smith, M.S., Statistician
Elaine P. Rhodenhiser, Statistical Asst.

SUGGESTED CITATION: Center for Disease Control: Abortion Surveillance Report, Apr-June 1971, July 1972

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE, HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
CENTER FOR DISEASE CONTROL
EPIDEMIOLOGY PROGRAM, FAMILY PLANNING EVALUATION BRANCH
ATLANTA, GEORGIA 30333

SUMMARY

More than 88,000 abortions were reported to the Center for Disease Control by health departments and hospitals in 23 states and the District of Columbia for the April-June quarter of 1971. This figure does not include any data from California, which did not compile abortion statistics for the second quarter. Assuming that no fewer abortions were performed in California during April-June than were reported for January-March, the national total of reported* abortions in April-June would be more than 112,000 and the national abortion ratio would be 131. Abortion ratios for the 25 reporting areas included in this report range from two in Mississippi and Vermont to 1,655 in New York City. Of abortions reported by length of gestation, nearly 70 percent were performed before the end of the 12th week, and more than 98% were performed before the end of the 20th week. More than 86% of abortions reported by procedure in this 3-month period were performed by sharp dilatation and curettage or suction curettage. Although fewer than 1% of abortions reported by procedure in this quarter were performed by hysterectomy or hysterotomy, four middle and southern Atlantic coast states reported from 7 to 21% of their abortions performed by either hysterotomy or hysterectomy. Approximately 31% of all abortions reported by age were performed on women less than 20 years old, 49% were performed on women in their twenties, and 20% on women 30 or older. Nearly half of all abortions reported for April-June 1971 were performed on women outside their states of residence. There were no significant changes in state abortion statutes during April-June 1971.

REPORTS FROM STATES

A total of 88,675 abortions were reported to the Center for Disease Control for the April-June quarter of 1971. This was 11,046 abortions fewer than the 99,721 abortions reported to CDC for the first quarter of 1971. Although fewer abortions were reported for the second quarter as compared with the first quarter, the decrease is more than accounted for by the fact that data from California was not available for the latter reporting period. California reported 23,880 abortions for the first quarter of 1971. If we assume that at least the same number of abortions were performed in California during the second quarter, this would raise the national total of reported abortions* to more than 112,000 for April-June 1971.

Table 1 shows state-wide data for 16 states, with an additional seven states and the District of Columbia represented by abortion data from at least one hospital or other abortion facility in the state. As observed in the past, widely divergent abortion ratios are reported by the various states. Abortion ratios for the 25 reporting areas on Table 1 range from 2 abortions per 1,000 live births reported by Mississippi and Vermont, states with the most restrictive type abortion laws, and 1,655 abortions per 1,000 live births in New York City, which has the country's least restrictive law. A wide range in abortion ratios is observed even between states with similar abortion laws. South Carolina, with a ratio of 14, and Kansas, with a ratio of 397, both have abortion laws patterned after the American Law Institute Model Penal Code on Abortions.

The abortion ratio for the 25 reporting areas on Table 1 was 243. The national abortion ratio (reported abortions per 1,000 live births from the country) for April-June 1971 was 131, if 23,880 abortions assumed for California are included in the numerator.

*Although the California abortion data were not compiled for the second quarter, abortions in California are reported.

Four reporting areas which reported much higher abortion ratios for the second quarter of 1971 as compared with the first quarter are Colorado, where the ratio increased from 66 to 100; Kansas (312 to 397); New York City (1,313 to 1,655); and Washington, (178 to 242). The ratio for the District of Columbia also increased from 322 to 707, although D.C. was not included on this table in the January-March 1971 Abortion Surveillance Report.

Table 1: Reported Legal Abortion Ratios by State of Occurrence, Selected States*, April - June 1971

State	Abortions[1]	Live Births[2]	Abortions/1,000 Live Births
Alabama	126	15,111	8
Alaska	298	1,850	161
Arizona	186[3]	9,538	20
Arkansas	183	7,580	24
Colorado	1,046	10,463	100
Connecticut	156[3]	11,160	14
Delaware	320	2,507	128
District of Columbia	4,318[3]	6,107	707
Georgia	355	22,104	16
Hawaii	1,022	3,795	269
Kansas	3,149	7,930	397
Maryland	2,167	13,983	155
Massachusetts	336[3]	23,141	15
Mississippi	23	10,529	2
New Mexico	1,160[3]	5,387	215
New York State	65,228	70,293	928
(Upstate)	(11,657)	(37,924)	(307)
(City)	(53,571)	(32,369)	(1,655)
North Carolina	771	22,554	34
Oregon	1,636	8,548	191
Pennsylvania	1,333[3]	47,756	28
South Carolina	169	11,898	14
Vermont	4	1,853	2
Virginia	1,044	19,529	53
Washington	3,361	13,877	242
Wisconsin	284[3]	16,946	17
TOTAL	88,675	364,439	243

1. Abortion data from state health department unless otherwise indicated.
2. Live birth data taken from Monthly Vital Statistics Report Provisional Statistics, Vol. 20, No. 6, August 25, 1971, published by the National Center for Health Statistics, HSMHA, DHEW. Hawaii live births from Hawaii State Health Department.
3. Abortion data received from one or more hospitals located in the state.

*All states with data available.

Table 2 shows abortions reported from nine states by menstrual weeks of gestation. The largest number of abortions (45%) were performed in the 9th through the 12th weeks of gestation. This represents no significant change from the first quarter of 1971. Table 3 shows the cumulative percent distribution of abortions by gestation for the same states, excluding abortions with unknown gestation. Nearly 70% of abortions with known gestation were performed before the end of the 12th week, as compared with 68% in the first quarter of 1971. This is the critical gestational period after which increased rates of morbidity and mortality from legal induced abortion may be expected. Slightly more than 98% were performed before the end of the 20th week. As in the first quarter of 1971, Colorado reported the lowest percent of abortions performed before the end of the 12th week (51%), and Arkansas and New York City* reported the highest percentages (84 and 86% respectively) performed within this time period. South Carolina showed the largest increase in the percentage of abortions performed before the 13th week of pregnancy.

Table 4 shows procedures used to perform abortions in seven states and New York City in April-June 1971. Sharp dilatation and curettage and suction curettage, the two major methods for abortions performed within the first 12 weeks of pregnancy, account for 86.3% of all abortions reported by procedure in the 3-month period. Suction curettage is the newer method, having been introduced in the United States in 1966[1], and has been found to carry the least risk of complications of any abortion method now being used.[2] It has rapidly become the most popular method for terminating early pregnancies in most parts of the country. Alaska is now the only state in which more abortions are performed by sharp D&C than by suction curettage, and except for Alaska and Georgia, every other state which reported abortions by method showed a clear preference for the suction method over sharp D&C.

Amniotic-fluid replacement is the most commonly used method for abortions performed in the second trimester of pregnancy, and accounts for approximately 11% of the total. Hysterectomy and hysterotomy together account for less than 1% of the total, although more than 21% of the abortions reported by South Carolina were performed by one of these methods, and three states--Delaware, Georgia and Maryland--reported from 7-9% of all abortions performed by hysterectomy or hysterotomy. The low overall percent of abortions performed by hysterectomy or hysterotomy reflects the low percent of abortions performed by these methods in New York City, which reported more than 85% of all abortions reported by procedure. Women who have abortions by hysterotomy or hysterectomy probably differ in several ways from the overall population of women who have abortions, since these procedures are selected only for women with concomitant uterine or other pathology or the desire to combine abortion with sterilization. There may be several reasons why these women are more likely than other women to remain in their own state to have an abortion. Hysterectomy and hysterotomy require significantly longer periods of hospitalization and involve greater degrees of risk than any of the other abortion methods. Women who have an abortion by hysterotomy or hysterectomy may be able to obtain services in their home states more easily than the overall population of women who seek abortion. Also, whereas abortions performed by some abortion methods can often be obtained at considerably less expense in New York than in the woman's state of residence, this cost differential may not exist for abortions performed by hysterotomy or hysterectomy.

Comparing the first and second quarters of 1971, abortions by sharp D&C have decreased 0.6%, abortions by suction curettage have increased by 2.1%, abortions by amniotic-fluid replacement have decreased by 2.4%, and abortions by hysterotomy and hysterectomy have decreased by 0.2%.

Table 5 shows the distribution of legal abortions by age in nine states. As in the first quarter of 1971, 31% of all abortions reported by age were performed on women less than 20 years old. The percent of women ages 20-29 decreased from 50.5 to 48.6% and the percent of women 30 or older increased from 18.2% to 20.2%.

*New York City abortions by gestation are not included on this table because they are separated into abortions performed before or after the end of the 12th week of gestation.

Table 2: Number and Percentage of Reported Legal Induced Abortions, By Menstrual Weeks of Gestation, and State of Occurrence, Selected States*, April - June 1971

State	Weeks of Gestation: ≤ 8 No.	≤ 8 %	9-12 No.	9-12 %	13-16 No.	13-16 %	17-20 No.	17-20 %	≥ 21 No.	≥ 21 %	Unknown No.	Unknown %	Total No.	Total %
Alaska	81	*27.2*	132	*44.3*	66	*22.1*	9	*3.0*	2	*0.7*	8	*2.7*	298	*100.0*
Arkansas	82	*44.8*	72	*39.3*	27	*14.8*	2	*1.1*	0	*0.0*	0	*0.0*	183	*100.0*
Colorado	76	*7.3*	387	*37.0*	239	*22.8*	152	*14.5*	47	*4.5*	145	*13.9*	1,046	*100.0*
Delaware[1]	110	*27.9*	189	*48.0*	51	*12.9*	44	*11.2*	0	*0.0*	0	*0.0*	394	*100.0*
Georgia	112	*31.5*	162	*45.6*	33	*9.3*	45	*12.7*	3	*0.8*	0	*0.0*	355	*100.0*
Hawaii	337	*33.0*	493	*48.2*	89[2]	*8.7*	66[3]	*6.5*	16	*1.6*	21	*2.1*	1,022	*100.0*
Maryland	465	*21.5*	947	*43.7*	340	*15.7*	394	*18.2*	21	*1.0*	0	*0.0*	2,167	*100.0*
Oregon[4]	370	*22.6*	830	*50.7*	212	*13.0*	196	*12.0*	28	*1.7*	0	*0.0*	1,636	*100.0*
South Carolina	54	*32.0*	60	*35.5*	31	*18.3*	16	*9.5*	3	*1.8*	5	*3.0*	169	*100.0*
TOTAL	1,687	*23.2*	3,272	*45.0*	1,088	*15.0*	924	*12.7*	120	*1.7*	179	*2.4*	7,270	*100.0*

1. Data from one hospital that reported more than 90% of state's total in 1970; April-July.
2. 13-15 weeks.
3. 16-20 weeks.
4. Distribution estimated from data on gestation for January-June and total abortions for April-June.

*All states with data available.

Table 3 Cumulative Percent Distribution of Reported Legal Abortions, With Known Gestation, By Menstrual Weeks and State of Occurrence, Selected States*, April - June 1971

State	Weeks of Gestation ≤ 8	≤ 12	≤ 16	≤ 20	Total	Total No. Abortions With Known Weeks Gestation
Alaska	27.9	73.4	96.2	99.3	100.0	290
Arkansas	44.8	84.2	98.9	100.0	100.0	183
Colorado	8.4	51.4	77.9	94.8	100.0	901
Delaware[1]	27.9	75.9	88.8	100.0	100.0	394
Georgia	31.5	77.2	86.5	99.2	100.0	355
Hawaii	33.7	82.9	91.8[2]	98.4[3]	100.0	1,001
Maryland	21.5	65.2	80.8	99.0	100.0	2,167
Oregon[4]	22.6	73.3	86.3	98.3	100.0	1,636
South Carolina	32.9	69.5	88.4	98.2	100.0	164
TOTAL	23.8	69.9	85.3	98.3	100.0	7,091

1. Data from one hospital that reported more than 90% of state's total in 1970; April - July.
2. 13-15 weeks.
3. 16-20 weeks.
4. Distribution estimated from data on gestation for January - June and total abortions for April - June.

*All states with data available.

Table 4 Reported Legal Abortions by Type of Procedure, State of Occurrence, and Selected States*, April - June 1971

State	Sharp D&C		Suction Curettage		Amniotic Fluid Replacement		Hysterotomy		Hysterectomy		Other		Unknown		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Alaska	255	*85.6*	15	*5.0*	20	*6.7*	5	*1.7*	3	*1.0*	0	*0.0*	0	*0.0*	298	*100.0*
Delaware[1]	5	*1.3*	281	*71.3*	75	*19.0*	30	*7.6*	3	*0.8*	0	*0.0*	0	*0.0*	394	*100.0*
Georgia	97	*27.3*	113	*31.8*	46	*13.0*	8	*2.3*	23	*6.5*	1	*0.3*	67	*18.9*	355	*100.0*
Maryland	176	*8.1*	1195	*55.1*	619	*28.6*	85	*3.9*	69	*3.2*	23	*1.1*	0	*0.0*	2167	*100.0*
New York City[2]	8992	*18.7*	33420	*69.5*	4973	*10.3*	161	*0.3*	-[3]	-	538	*1.1*	0	*0.0*	48084	*100.0*
Oregon[4]	315	*19.3*	981	*60.0*	272	*16.6*	8	*0.5*	59	*3.6*	1	*0.1*	0	*0.0*	1636	*100.0*
South Carolina	29	*17.2*	60	*35.5*	30	*17.8*	4	*2.4*	32	*18.9*	14	*8.3*	0	*0.0*	169	*100.0*
Washington	192	*5.7*	2623	*78.0*	144	*4.3*					59	*1.8*	323	*9.6*	3361	*100.0*
TOTAL	10061	*17.8*	38688	*68.5*	6179	*10.9*	510[5]		*0.9*[5]		636	*1.1*	390	*0.7*	56464	*100.0*

1. Data from one hospital that reported more than 90% of state's total in 1970; April - July.
2. Type of procedure reported on 48,084 (89.3%) of total New York City abortions.
3. Number of abortions by hysterectomy not reported. Assumed to be included in "other."
4. Distribution estimated from data on procedure for January - June and total abortions for April - June.
5. Hysterotomy and hysterectomy.

Table 5 Reported Legal Abortions by Age and State of Occurrence, Selected States*, April - June 1971

State	< 15 No.	%	15-19 No.	%	20-24 No.	%	25-29 No.	%	30-34 No.	%	35-39 No.	%	≥ 40 No.	%	Unknown No.	%	Total No.	%
Alaska	6	*2.0*	87	*29.2*	94	*31.5*	47	*15.8*	41	*13.8*	21	*7.0*	2	*0.7*	0	*0.0*	298	*100.0*
Arkansas	1	*0.5*	73	*39.9*	59	*32.2*	25	*13.7*	9	*4.9*	8	*4.4*	8	*4.4*	0	*0.0*	183	*100.0*
Colorado	14	*1.3*	313	*29.9*	341	*32.6*	169	*16.2*	102	*9.8*	74	*7.1*	29	*2.8*	4	*0.4*	1046	*100.0*
Delaware[1]	29[2]	*7.4*	127[3]	*32.2*	103[4]	*26.1*	63	*16.0*	37	*9.4*	24	*6.1*	11	*2.8*	0	*0.0*	394	*100.0*
Georgia	15	*4.2*	81	*22.8*	106	*29.9*	57	*16.1*	60	*16.9*	24	*6.8*	12	*3.4*	0	*0.0*	355	*100.0*
Hawaii	5	*0.5*	186	*18.2*	384	*37.6*	194	*19.0*	123	*12.0*	94	*9.2*	34	*3.3*	2	*0.2*	1022	*100.0*
Maryland	72	*3.3*	616	*28.4*	671	*31.0*	343	*15.8*	263	*12.1*	143	*6.6*	59	*2.7*	0	*0.0*	2167	*100.0*
Oregon	21	*1.3*	545	*33.3*	590	*36.1*	229	*14.0*	130	*7.9*	79	*4.8*	39	*2.4*	3	*0.2*	1636	*100.0*
South Carolina	23	*13.6*	43	*25.4*	26	*15.4*	30	*17.8*	24	*14.2*	16	*9.5*	6	*3.6*	1	*0.6*	169	*100.0*
TOTAL	186	*2.6*	2071	*28.5*	2374	*32.7*	1157	*15.9*	789	*10.9*	483	*6.6*	200	*2.8*	10	*0.1*	7270	*100.0*

1. Data from one hospital that reported more than 90 percent of state's total in 1970; April - July.
2. < 16.
3. 16-20.
4. 21-24.

*All states with data available.

Nearly half (47.4%) of the 88,675 abortions reported for April-June 1971 were performed on women outside their states of residence. If we assume that abortion practices in California (number of abortions performed and percent performed on out-of-state residents) remained stable from the first through the second quarters of 1971, then 39.5% of the total number of legal abortions reported in the country would have been performed on women outside their state of residence. In the January-March quarter of 1971, 26.1% of all reported abortions in the country were performed on women outside their state of residence.

Of the 16 states which have enacted new abortion laws since 1966, six permit non-residents to obtain abortions in the state. The percent of abortions performed on non-residents is reported or estimated as follows for those states: California, 10.0%; Colorado, 7.6%; Kansas, 41.9%; Maryland, 2.0%; New Mexico, unknown; Up-state New York, 30.9%, and New York City, 66.1%. A significant number of abortions are also performed on non-residents in the District of Columbia, and small numbers are reported from several other states.

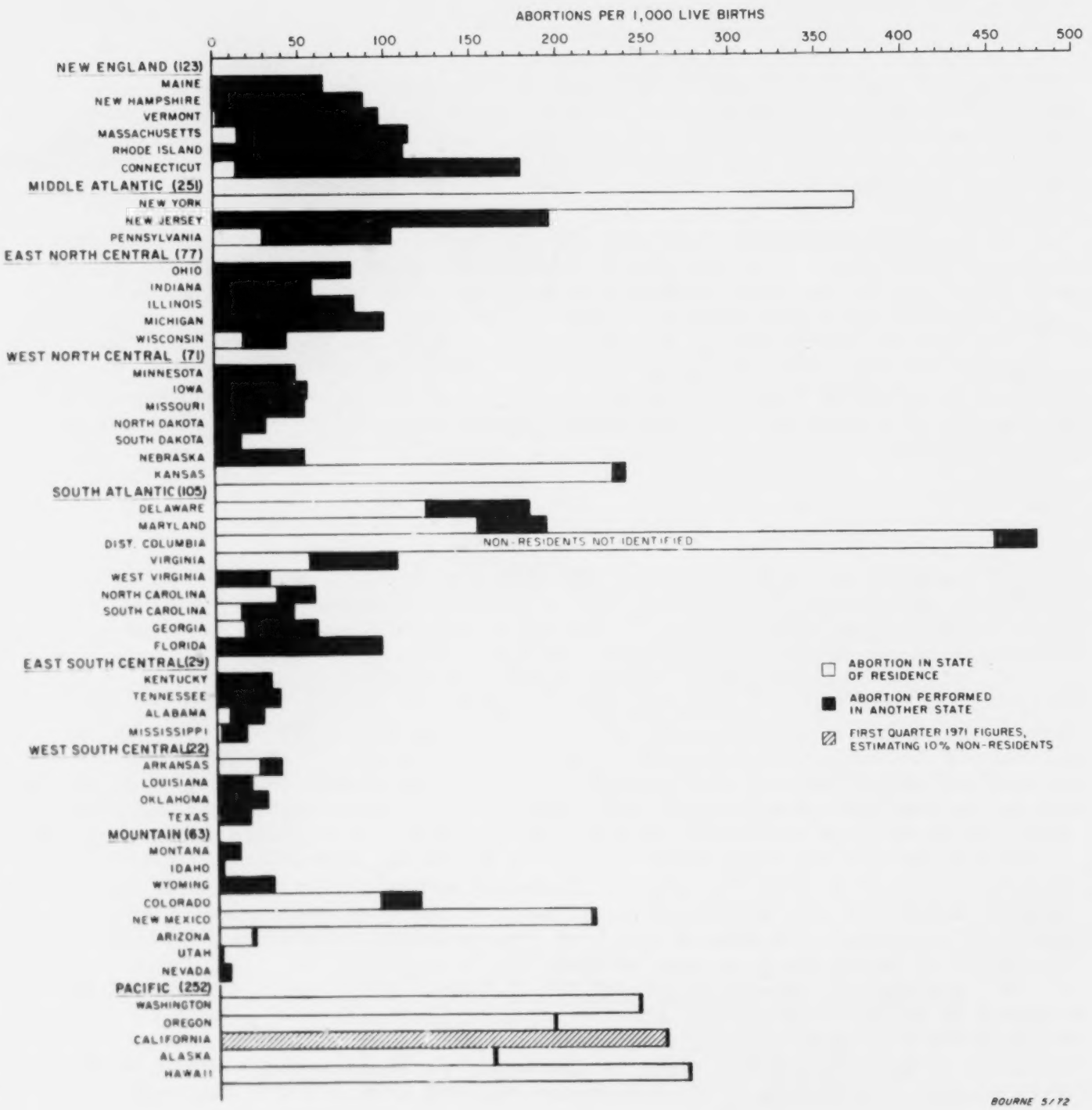
The woman's state of residence is known for 40,144 abortions performed on women outside their states of residence in April-June 1971. These data, along with data on abortions reportedly performed on women in their state of residence, has been used to calculate total abortion to live birth ratios for women in each state and the District of Columbia. Figure 1 shows abortion ratios for residents of each state for the second quarter of 1971. White bars represent abortions performed in the woman's state of residence; black bars represent abortions which residents of the state had performed on them in another state.

The total abortion ratio (including all abortions, whether performed in or out of the state) increased by 2 or more from the first to the second quarter of 1971 in 44 of the 49 states with data for both time periods and in the District of Columbia. The total abortion ratio remained the same or changed by less than 2 abortions per 1,000 live births in three states, and decreased in two states--Oregon and Massachusetts. Massachusetts abortion data for the second quarter was limited to abortions reported by three Boston hospitals, which may account for the decrease. The decrease in Oregon, however, from 208 abortions per 1,000 live births in January-March to 195 in April-June, appears to reflect a true decrease in the number of abortions performed in Oregon. Officials in Oregon have noted that the decrease in the Oregon abortion ratio came at about the same time that legal restrictions on abortions were eased in the neighboring State of Washington. The Oregon decrease, therefore, may be the result of fewer Washington State residents crossing the state borders to obtain abortions in Oregon or, conversely some tendency for Oregon residents to go to Washington for abortions. In 25 states the total abortion ratio increased by 20 or more in the second quarter as compared with the first. The largest increases were in Connecticut (112 to 180), New Jersey (107 to 195), Delaware (122 to 182), the District of Columbia (395 to 477) and New Mexico (156 to 217). Abortions performed in the local jurisdiction were responsible for the increases in the District of Columbia and New Mexico, while abortions performed elsewhere were responsible for the increases in Connecticut and New Jersey. Abortions performed both in-state and out-of-state were responsible for the increase in Delaware.

The regional abortion ratio for the New England states increased from 102 to 123, reflecting an increase of 21 or greater in the ratio for all except one state in the region. The in-state abortion ratio decreased by more than 27 in Massachusetts due to incomplete reporting.

The total abortion ratio for New York shown in Figure 1 is 373. This is 91 lower than the ratio of 464 which was shown for New York in the January-March 1971 Abortion Surveillance Report. That ratio was artificially inflated by the method which the Center for Disease Control used to obtain the numerator of the ratio. We have since revised our statistical method for determining the number of New York residents among the women who receive abortions in New York State. Using this more accurate method, the abortion ratio for residents of New York for January-March 1971 is 364. The ratio for New York increased by approximately 10 abortions per 1,000 live births in the second quarter. The ratio for New Jersey increased by 88, and

Figure 1 RATIOS OF REPORTED LEGAL ABORTIONS TO LIVE BIRTHS, BY STATE OF RESIDENCE, APRIL—JUNE 1971



the ratio for Pennsylvania increased by 37, in both cases due mainly to a larger number of abortions performed outside the women's state of residence.

The regional ratio for the East North Central region increased from 45 to 77. Except for Wisconsin, the ratio for each state in that region increased by at least 25 abortions per 1,000 live births. The in-state portion of the abortion ratio shown for Wisconsin is smaller than it would be if more complete data were available on abortions performed in Wisconsin.

The regional ratio for the West North Central region increased from 50 to 71, due largely to an increase in the number of abortions performed in Kansas. The out-of-state abortion ratio for Nebraska increased by 30; increases in the abortion ratios of other states in the region ranged from 4 to 17.

In the South Atlantic region, Delaware, the District of Columbia, Maryland, Virginia, and Florida all showed increases of greater than 30 abortions per 1,000 live births, with increases in the range of 13 to 24 reported for West Virginia, North Carolina, South Carolina, and Georgia. Increases in the East South Central states were similar to those in West Virginia, the Carolinas and Georgia, ranging from 7 to 16 abortions per 1,000 live births higher than ratios for the previous three months.

In the Mountain states, Colorado and New Mexico showed large increases in abortions performed within the state. Ratios for the other states in the region were quite stable; the next largest increase was in Montana, where the abortion ratio increased by 6 abortions per 1,000 live births.

The Pacific region had the highest regional abortion ratio, 252 abortions per 1,000 live births. This is the only region where virtually all abortions are obtained by women in their own state. Increases of at least 35 abortions per 1,000 live births were reported for Washington, Alaska and Hawaii. Oregon reported the only decrease.

LEGAL NOTES

No legislative changes in state abortion laws occurred in the time period covered by this report (April-June 1971). However, alterations in the laws of two major jurisdictions, the District of Columbia and Wisconsin, were made during this interval through judicial decisions by federal district courts.

A. District of Columbia: United States v Vuitch, 91 S.ct, 1204 (April 21, 1971.) On April 21, 1971, the U.S. Supreme Court upheld the constitutionality of the 1901 District of Columbia abortion law. This action reversed a 1969 decision of the District of Columbia federal district court which had held that law to be unconstitutionally vague. The Supreme Court decision stated that the word "health" was not unconstitutionally vague, referring to a 1970 decision by the district court which "construed the statute to permit abortion 'for mental health reasons whether or not the patient had a previous history of mental defect'...Certainly this construction accords with the general usage and modern understanding of the word 'health' which includes psychological as well as physical well-being. Indeed Webster's Dictionary, in accord with that common usage, properly defines health as 'the state of being sound of body or mind.'''

B. Wisconsin: Babbitz v McCann, 310 S. Supp. 293 (1970). History of the case: On March 5, 1970, a three-judge Federal District Court (Eastern District, Wisconsin) declared the Wisconsin abortion statute unconstitutional on grounds that it is an "invasion of woman's private right to refuse to carry unquickened embryo during the early months of pregnancy." This decision resulted from a court challenge of the law by a Wisconsin physician who was charged with violation of the law and was seeking a declaratory judgment and injunction against enforcement of the law. Although a declaratory judgment was issued, the court declined to issue an injunction enjoining the defendants (the District Attorney of Milwaukee County and the Judge of the Milwaukee County Court) from prosecuting the physician.

Despite the declaratory judgment issued by the District Court, the state prosecutor publicly announced in effect that the state would not be deterred from prosecuting under the statute and that the state declined to postpone Dr. Babbitz's trial until possible appeal to the Court of Appeals was determined. Subsequent attempts by Dr. Babbitz to obtain an order restraining his prosecution were denied by a single-judge district court (312 F. Supp. 725 E.D. Wis. 1970) and by the United States Supreme Court. However, an injunction against prosecution of Dr. Babbitz or anyone else under the Wisconsin abortion statute was issued on November 18, 1970, by the same three-judge District Court which had issued the earlier declaratory judgment. Their decision was based on the public statements of the Attorney General that he intended to continue to prosecute despite the earlier declaratory judgment against the law.

Recent Court Actions: The Federal District Court decision was appealed to the United States Supreme Court by the District Attorney of Milwaukee County. On April 19, 1971, the United States Supreme Court vacated the earlier decision and remanded the case back to the United States District Court for the Eastern District of Wisconsin.

On April 21, 1971, the District Attorney of Dade County, Wisconsin initiated criminal action against another physician and two social workers employed in a Madison, Wisconsin abortion clinic. The physician, the two social workers and a woman who had been scheduled for an abortion in the clinic filed a counter-suit. In this case, the District Court ordered that the District Attorney and his staff be restrained from further enforcement of the Wisconsin abortion statute against the plaintiff in any case involving "an embryo of four months or less."

A further action was brought by this physician against the State Attorney General and the Wisconsin State Medical Examining Board. The medical examining board had sent a written warning to the physician that they would immediately suspend his license unless he ceased to perform abortions "except in strict conformity to the exception to the criminal abortion...." The physician contended that the Attorney General of Wisconsin was violating the temporary restraining order entered on his behalf. A temporary restraining order was issued by the District Court ordering that the Attorney General and the Medical Examining Board are restrained from further proceedings under the Wisconsin abortion statute against the physician in any case involving "an embryo of four months or less."[3]

Table 6 summarizes the status of abortion laws in 50 states and the District of Columbia as of July 1, 1972.

Table 6
MAJOR CATEGORIES OF AMERICAN ABORTION LAWS
UNITED STATES – JULY 1, 1971

MAJOR CATEGORIES OF STATE ABORTION LAWS	STATES HAVING SIMILAR ABORTION LAWS
I. Abortion allowed only when necessary to preserve the life of the pregnant woman:	Arizona, Connecticut, Florida, Idaho, Illinois[1], Indiana, Iowa[2], Kentucky, Louisiana[3], Maine, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Dakota, Ohio, Oklahoma, Rhode Island, South Dakota, Tennessee, Utah, Vermont, West Virginia, Wyoming.
II. Indications for legal abortion include threats to the pregnant woman's life and forcible rape:	Mississippi.
III. "Unlawful" or "unjustifiable" abortions are prohibited:	Massachusetts, New Jersey, Pennsylvania.
IV. Abortions allowed when continuation of the pregnancy threatens the woman's life or health:	Alabama, District of Columbia
V. American Law Institute Model Abortion Law; "A licensed physician is justified in terminating a pregnancy if he believes that there is substantial risk that continuance of the pregnancy would gravely impair the physical or mental health of the mother or that the child would be born with grave physical or mental defect, or that the pregnancy resulted from rape, incest or other felonious intercourse":	Arkansas, California (does not include fetal deformity), Colorado, Delaware, Kansas, Maryland (does not include incest), New Mexico, North Carolina, South Carolina, Virginia.
VI. Abortion law based on the May 1968 recommendations of the American College of Obstetricians and Gynecologists. Allows abortion when the pregnancy resulted from felonious intercourse, and when there is risk that continuance of the pregnancy would impair the physical or mental health of the mother. "In determining whether or not there is substantial risk (to the woman's physical or mental health), account may be taken of the mother's total environment, actual or reasonably foreseeable":	Oregon.
VII. No legal restriction on reasons for which an abortion may be obtained prior to viability of the fetus:	Alaska, Hawaii, New York, Washington.
VIII. Legal restrictions on reasons for which an abortion may be obtained were invalidated by court decision:	Georgia, Texas, Wisconsin[4].

1. A Federal District Court decision, **Doe** *vs.* **Scott**, 321 F. Supp. 1385 (N.D. Ill., Jan. 29, 1971), holding the Illinois abortion statute unconstitutional has been stayed pending appeal in the United States Supreme Court.
2. In **State** *vs* **Dunklebarger**, the Iowa statute which is couched in terms of saving the life of the woman, has been interpreted to suggest that preservation of health is sufficient. 221 N.W. 592 (Iowa, 1928).
3. Although the Louisiana abortion statute does not contain an express exception to the "crime of abortion" the Louisiana Medical Practice Act authorizes the Medical Board to suspend or institute court proceedings to revoke a doctor's certificate to practice medicine in the state when the doctor has procured or aided or abetted in the procuring of an abortion "unless done for the relief of a woman whose life appears imperiled after due consultation with another licensed physician." La. Rev. Stat. Ann. 37:1261.
4. The abortion law of several other states have been ruled unconstitutional by lower state trial courts; however, these decisions are binding only in the jurisdiction in which the decision was rendered.

We wish to acknowledge the following organizations and individuals whose contributions made this report possible.

Robert B. Aiken, M.D., M.P.H.
State Commissioner of Health
Vermont Department of Health

Robert T. Bailey
Vital Statistics Administrator
Arkansas State Department of Health

R. Palmer Beasley, M.D.
Assistant Professor of Epidemiology and Medicine
University of Washington School of Public Health
and Community Medicine and School of Medicine

George Boyden, M.D., Medical Director
Presbyterian Hospital Center
Albuquerque, New Mexico

Thomas A. Burch, M.D., M.P.H.
Chief, Research and Statistics Office
Hawaii State Department of Health

Bureau of Maternal and Child Health
California Department of Health

Elsie R. Carrington, M.D., Professor and Chairman
Department of Obstetrics and Gynecology
The Medical College of Pennsylvania

David Charles, M.D., Chairman
Department of Obstetrics and Gynecology
University Hospital
Boston, Massachusetts

Donald J. Davids, Chief
Records and Statistics Section
Colorado State Department of Public Health

Charles L. Easterday, M.D.
Lying-In Division
Boston Hospital for Women

John P. Emich, Jr., M.D.
Administrative Chairman
Department of Obstetrics and Gynecology
Philadelphia General Hospital

Charles E. Flowers, Jr., M.D., Chairman
Department of Obstetrics and Gynecology
The Medical Center
University of Alabama in Birmingham

Irvin G. Franzen, Director
Division of Registration and Health Statistic. Services
Kansas State Department of Health

Donald K. Freedman, M.D., Director
Division of Public Health
Alaska Department of Health and Welfare

Emanuel A. Friedman, M.D.
Obstetrician-Gynecologist-In-Chief
Beth Israel Hospital
Boston, Massachusetts

Hillcrest Abortion Clinic and Counseling Service
Washington, D.C.

Duane T. Houtz, Executive Vice-President
Baptist Medical Center - Montclair
Birmingham, Alabama

Selig H. Katz, M.D., Director
Bureau of Maternal and Child Health and Family Planning
State of New York Department of Health

H. Mikkel Kelly, Executive Vice-President
Bataan Memorial Hospital
Albuquerque, New Mexico

Carl J. Levinson, M.D., Chairman
Department of Obstetrics and Gynecology
Mt. Sinai Hospital
Milwaukee, Wisconsin

Sarah Lewit
Research Associate
The Population Council

Vito M. Logrillo
Director of Health Statistics
Office of Biostatistics
New York State Department of Health

Catherine B. Middleton, M.D., Director
Maternal and Child Health
Delaware State Board of Health

Stephen L. Moore, M.D., Director
Family Planning
Mississippi State Board of Health

Robert A. Munsick, M.D., Ph.D., Chairman
Department of Obstetrics and Gynecology
University of New Mexico School of Medicine

David A. Musgrave
Associate Administrator
Washington Hospital Center
Washington, D.C.

J. Harold Nickens, M.D.
Acting Medical Director
Freedman's Hospital
Washington, D.C.

Oregon State Board of Health

J.E. Padgett, Jr., M.D., Chief
Bureau of Maternal and Child Care
South Carolina Board of Health

Jean Pakter, M.D., Director
Bureau of Maternity Services and Family Planning
City of New York Department of Health

James J. Palmersheim, Ph.D.
Public Health Statistics Section
North Carolina State Board of Health

Ben M. Peckham, M.D., Chairman
Department of Gynecology and Obstetrics
The University of Wisconsin Medical School

PRETERM
Washington, D.C.

V.E. Schaefer, Administrator
Temple University Hospital
Philadelphia, Pennsylvania

Albert K. Schoenbucher, M.D., Director
Maternal Health Service
Georgia Department of Public Health

J. King B.E. Seegar, M.D., Chief
Maternal and Family Planning Section
Division of Maternal and Child Health
Maryland State Department of Health

William G. Slate, M.B., Ch.B., M.S., Chairman
Division of Obstetrics and Gynecology
Albert Einstein Medical Center
Philadelphia, Pennsylvania

I. Donald Snook, Jr.
Assistant Hospital Director
Thomas Jefferson University Hospital
Philadelphia, Pennsylvania

Melvin L. Taymor, M.D.
Chief of Gynecology
Peter Bent Brigham Hospital
Boston, Massachusetts

Christopher Tietze, M.D.
Associate Director
Bio-Medical Division
The Population Council

Virginia State Department of Health

40E8305772

Edward E. Wallach, M.D., Director
Department of Obstetrics and Gynecology
Pennsylvania Hospital
Philadelphia, Pennsylvania

Vital Statistics Section
Division of Health
Washington State Department of Social and
Health Services

John Yeransian, Chief
Obstetrics and Gynecology
Newton-Wellesley Hospital
Boston, Massachusetts

REFERENCES

1. Tietze C and Lewit, S: Early Medical Complications of Legal Abortion: Highlights of the Joint Program for the Study of Abortion (JPSA). The Population Council, Jan 1972, p 4.
2. Ibid, p 20.
3. 328 F. Supp. 525 (W.D. Wis. 1971).

ERRATA - Abortion Surveillance Report, January - March 1971, dated March 1972.
P 6, table 5, the figures for Hawaii are reversed in two age categories; they should read: in column 20-24, 385 reported abortions (41% of Hawaii's total); in column 25-29, 148 reported abortions (15.8% of Hawaii's total).
P 8, figure 1, showed an abortion ratio of 464 per 1,000 live births for residents of New York; it should have been 364.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333

OFFICIAL BUSINESS

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF HEW
HEW 396

DHEW Publication No. (HSM) 73-8158